

**GENERAL DISTRIBUTION**

**WEST VIRGINIA  
DIVISION OF CORRECTIONS  
& REHABILITATION**

**NUMBER: 453.06**

**EFFECTIVE DATE: 01 April 2026**

**SUBJECT: G.O.A.L.S. SUBSTANCE ABUSE  
TREATMENT UNITS**

# **POLICY DIRECTIVE**

---

**PURPOSE:**

To provide policy establishing guidelines for the G.O.A.L.S. “*Getting Over Addicted Lifestyles Successfully*” Units which provide inmates who have chronic substance abuse treatment needs with an intensive evidence-based program to aid in their recovery and relapse prevention.

**REFERENCE:**

WV Code §15A-5-10; and ACA Expected Practices 5-ALDF-4C-36, 5-ALDF-5A-04 through 08, and 2-CO-4F-01.

**RESPONSIBILITY:**

Superintendents of facilities with G.O.A.L.S. Units are responsible for enacting facility-specific Operational Procedures and ensuring the requirements of this Policy Directive are included in applicable Post Orders. Additionally, the Director of Offender Services is responsible for maintaining a G.O.A.L.S. handbook to ensure compliance with this Policy Directive.

**CANCELLATION:**

Any previous written instruction on the subject, including DCR Policy Directive 453.06, dated 01 January 2024.

**APPLICABILITY:**

All facilities within the Division of Corrections and Rehabilitation (DCR) with G.O.A.L.S. Units. This Policy is available for general distribution and is to be made available for inmate review upon the effective date.

**DEFINITIONS:**

**Program Manager:** The G.O.A.L.S Program Manager is responsible for and oversees all referrals, curriculum, and related activities associated with the G.O.A.L.S. Unit.

**SAT (Substance Abuse Therapist):** The Substance Abuse Therapist I is dedicated to the daily operations of the unit; including, but not limited to, assisting the Correctional Counselors with duties and daily programming in the unit. The Substance Abuse Therapist II assists with treatment planning, programming services, curriculum, groups, and other activities associated with the G.O.A.L.S. Unit.

**POLICY:**

- I. G.O.A.L.S. “*Getting Over Addicted Lifestyles Successfully*” Units are residential substance abuse treatment units at designated jails and correctional facilities housing inmates court-referred for substance abuse treatment. The six (6) to nine (9) month program primarily utilizes the *New Directions* curriculum by Hazelden, which is an evidence-based program commonly used for justice involved individuals.
  - A. In addition to this curriculum, the G.O.A.L.S. program utilizes additional cognitive behavioral programming geared towards enhancing problem solving skills, social skills development, anger management, and co-dependency issues.
  - B. Curriculum, groups, and activities are implemented Monday through Friday based on eight (8) hours of structured programming according to therapeutic community guidelines.
- II. Participants are referred by the court system. All referrals to the program must be included in the sentencing order. While referral forms are not required, **Attachment #1** may be utilized by the referring court system. If utilized, the Director of Offender Services/designee will review the referral form and accept if appropriate.
  - A. The Director of Offender Services/designee will determine eligibility of all referrals and notify the referring court within fifteen (15) business days of receiving the referral.
    1. Any inmate convicted of the following offenses will be deemed ineligible for the program:
      - a. Offenses involving physical violence against a person.
      - b. Offenses resulting in injury or death to a person or child.
      - c. Offenses involving the use of a weapon(s).
      - d. Offenses in which the victim was a minor child.
      - e. Child or elder abuse.
      - f. Any sexual offenses.

- g. Terroristic acts.
  - h. Kidnapping.
  - i. Animal cruelty.
  - j. Offenses involving arson.
  - k. Any other offense deemed violent by the Division of Corrections and Rehabilitation (DCR).
2. Additional criteria for admission are as follows:
- a. No history of violence in the past five (5) years.
  - b. Ability to participate in programming.
  - c. Disciplinary violations during incarceration (past and present) will be taken into consideration when determining eligibility for the program.
- B. Once an inmate has been determined as eligible for the program, the SAT II will coordinate with the referring court in order to obtain an order for treatment. Once an order is received, the inmate will be placed on the unit as bed availability allows.
- 1. Inmates referred and assessed for the G.O.A.L.S. Unit will be placed on the unit based on their referral date, G.O.A.L.S. program order and bed availability, in addition to overall acceptance into the program.
  - 2. G.O.A.L.S. Units will house inmates for no less than six (6) months, nor more than nine (9) months, as stated by the treatment order provided by the courts.
- III. Inmates enrolling in the G.O.A.L.S. Unit will be required to sign an informed consent stating the risks and benefits of entering treatment (**Attachment #2**).
- A. The inmate will undergo standard facility booking procedures before being transferred to the unit.
  - B. Drug screens will be performed during admission onto the unit and at random, no less than monthly. Any inmate receiving a positive drug screen before enrollment will still be placed into treatment. Any inmate with a finding of guilty from a positive drug screen who receives disciplinary segregation as a result will still be enrolled in treatment once his/her segregation time is complete unless otherwise indicated by the sentencing judge. Any inmate with a positive drug screen after enrollment (excluding

inmates positive due to Medications for Opioid Use Disorder [MOUD]) will be removed from the program and his/her judge will be notified by the Director of Offender Services or designee.

- C. Upon intake to the unit, inmates will be required to complete orientation to G.O.A.L.S. with an SAT to include suicide screening tool, release of information and consent forms, TCUD 5 (Texas Christian University Drug Screen), work assignment contract form, limits of confidentiality and receipt of the G.O.A.L.S. handbook.
- D. Additional privileges are an integral part of the program and must be earned, not awarded based on entitlement. Superintendents will have final approval for all incentives. The following list, although not inclusive, is designed to provide guidance for the types of additional privileges that may be utilized.
  - 1. Ordering take-out food
  - 2. Additional phone privileges
  - 3. Increased visitation days and times
  - 4. Increased commissary spending limit
  - 5. Provision of unit library
  - 6. Additional recreational opportunities
  - 7. Large screen televisions in dayrooms
  - 8. Movie and/or game nights
- E. No inmate living within a G.O.A.L.S. Unit may have operational decision-making authority; nor shall any inmate have the authority to impose sanctions on another inmate.
- F. G.O.A.L.S. Unit inmates are required to attend educational classes. They may also attend other programs if it does not conflict with the unit programming or commitments as approved by the G.O.A.L.S. unit team prior to the inmate's attendance.
- G. Every inmate will hold a work assignment within the unit to be assigned by the SAT I. Inmates will not perform work assignments (paid or unpaid) outside of the unit, unless approved by the Director of Offenders Services/designee.
  - 1. Each inmate will be paid \$30 monthly for their work assignments within the unit.

2. The SAT I will be directly responsible, under the authority of the Superintendent, for ensuring the stipend system is not abused by inmates and that all inmates are working within the unit and their phase, thus justifying their receipt of stipends.
  3. Unit staff will be responsible for assigning and monitoring the completion of work assignments.
  4. Pay may be decreased or suspended for disciplinary issues/action.
- H. Major rule violations such as violence, sexual harassment or assault, drug use, non-compliance with unit rules, and/or non-participation in the program may result in removal from the program. The Director of Offender Services/designee will notify the sentencing judge to inform them that the inmate has been removed from the program.
1. The Director of Offender Services/designee must approve the removal of an inmate from the program.
  2. All Class I rule violations occurring within the G.O.A.L.S. Unit population will be sent to the Superintendent/designee for appropriate disposition.
  3. Participants that commit Class I violations will be subject to the facility disciplinary process to include a disciplinary hearing or referral to the Unit Behavioral Management Team (UBMT), and appropriate sanctions.
  4. In addition to sanctions administered by the hearing officer, the SAT/designee may impose additional interventions such as:
    - a. Revised treatment plan
    - b. Phase adjustment
    - c. Additional learning activities
    - d. Thirty (30) to sixty (60) day program extension
  5. Class II and III rule violations should be handled internally by the G.O.A.L.S. unit team, with only informational incident reports being completed, unless otherwise directed by the Superintendent/designee. Sanctions may include, but are not limited to:
    - a. Loss of privileges
    - b. Loss of one (1) month pay

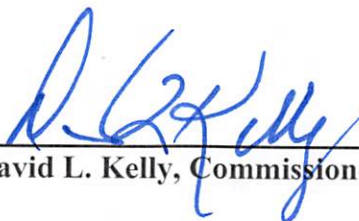
- c. Phase adjustment
  - d. Thirty (30) to sixty (60) day program extension
  - e. Additional learning activities
- I. G.O.A.L.S. Unit programming will process through a structured phase system to monitor and assess inmate progress while on the unit.
  - J. Should an inmate refuse to participate in the G.O.A.L.S. program, he/she will be required to sign an Informed Consent/Refusal Form (**Attachment #2**).
    - 1. The form will be completed by the SAT I.
    - 2. An inmate may elect to withdraw from the program voluntarily after enrollment, without threat of disciplinary action. In this case, the referring court will be notified of the voluntary withdrawal from the program.
- IV. An inmate may be removed from the unit, if after fully exhausting all therapeutic tools and methods of motivational enhancement have failed, staff perceives that the inmate's behavior or level of participation is negatively impacting the programming of other inmates living in within the unit. However, some cases will require a case-by-case evaluation where this will not be applicable. All removals from the program must be approved by the Director of Offender Services/designee.
- A. The Commissioner/designee must be notified of the unsuccessful completion.
  - B. The Director of Offender Services/designee will send a notification memorandum to the sentencing judge of any removals from the program.
  - C. Inmate will be returned to general population.
- V. Isolation of the unit population from the general population is required, except in exigent circumstances.
- A. In cases where complete isolation cannot be achieved, contact between the unit population and general population inmates should be minimized and appropriately supervised.
  - B. Separate space will be provided for G.O.A.L.S. Unit inmates to attend substance abuse programming.
  - C. Units will operate on a programs/treatment staff-to-inmate ratio of 1:16.

- VI. Staff working within or having direct contact/supervision of G.O.A.L.S. Unit inmates will participate in general training.
- A. The following staff are required to attend G.O.A.L.S. Basic Training as entry-level training to work with G.O.A.L.S. Unit populations.
1. All staff assigned to work within the housing unit.
  2. All Shift Commanders.
  3. Chief Correctional Officers, department heads, mid-level managers, and/or Unit Managers, at the discretion of the Superintendent.
- B. All non-uniform programs staff working within the G.O.A.L.S. Unit will be required to attend Skills Building Training and/or Professional Development as directed by the Director of Offender Services/designee.
- VII. Scheduled releases of G.O.A.L.S. Unit inmates should take place during the normal business hours of 8:00 a.m. to 5:00 p.m., including weekends and holidays, unless otherwise court ordered. In order to assist with appropriate aftercare linkages, a G.O.A.L.S. staff member when available will escort the inmate out of the secure area.
- VIII. Inmates who have successfully completed the G.O.A.L.S. program, including an approved release and reintegration plan will receive a completion certificate, reintegration plan and discharge recommendations. SATs are responsible for completing the Program Completion Packet using the format provided in **Attachment #3** and sending to the sentencing judge when the inmate has completed five and half (5 ½) months in the program. The court system may then offer a reconsideration hearing at the court's discretion.
- A. Due to the intensive level of individual and group programming, the DCR allows the G.O.A.L.S. program to satisfy the requirement for both Residential Substance Abuse Treatment (RSAT) and all other substance use disorder classes.
- B. In accordance with WV Code §15A-5-10 inmates who have successfully completed the G.O.A.L.S. program shall be deemed to have completed the West Virginia DUI Safety and Treatment Program for purposes of reinstatement of driving privileges.
- IX. G.O.A.L.S. SATs are responsible for completing the Monthly Reporting Form (**Attachment #4**) and submitting completed forms to the G.O.A.L.S. Program Manager by the tenth (10<sup>th</sup>) of the following month.
- X. All documents as required by this Policy will be uploaded to the appropriate file in the Offender Management System (OIS) Document Management.

ATTACHMENT(S):

- #1 Referral Form
- #2 Informed Consent/Refusal Form
- #3 Program Completion Packet (4 pages)
- #4 Monthly Reporting Form (2 pages)

APPROVED SIGNATURE:

  
David L. Kelly, Commissioner

03/26/2026

Date

**G.O.A.L.S. (Getting Over Addicted Lifestyles Successfully)**  
**Substance Abuse Treatment Unit**  
**Referral Form**

Email completed form to [Medina.S.Prue@wv.gov](mailto:Medina.S.Prue@wv.gov)

**OFFENDER INFORMATION**

Name/OID#	
Date of Birth	
Current Facility	

**CASE INFORMATION**

Referring Judge (please print)	
Case Number & County	
Current & Previous Charges (Convictions only; include all felonies, fines, misdemeanors, etc.)	
Attorney Contact Information (Include printed name & email)	

**SUBSTANCE USE HISTORY INFORMATION**

Substance Use History (include all substances used & date of last use)	
Substance Use Treatment History (Include type of treatment & dates of service)	
Current Suicidal or Homicidal Ideation (include any within the last 12 months)	_____ No _____ Yes      If yes please explain:
History of Violence (include all domestic battery and/or domestic violence)	
Additional Information (attach additional page if needed)	

*This is a referral only. It does not guarantee acceptance into the program. Once reviewed, this form will be returned to the Judge with acceptance or denial of entry into the G.O.A.L.S. Program.*

**WVDCR USE ONLY**

Reviewed By:	Signature:
Date of Review:	
Status	Accepted <input type="checkbox"/> Denied <input type="checkbox"/>
Scheduled Date of Admission	

## G.O.A.L.S. (Getting Over Addicted Lifestyles Successfully) Substance Abuse Treatment Unit

### Informed Consent/Refusal Form

Inmate Name: \_\_\_\_\_

OID # \_\_\_\_\_

Date: \_\_\_\_\_

To the participant: You have the right as a participant in the G.O.A.L.S. program to be informed about your condition, and recommendations for treatment, knowing the risks and hazards involved. At this point, you have been recommended to participate in a 6-month residential substance use treatment program. This consent form is simply an effort to obtain your permission to begin the evaluation and participation in the G.O.A.L.S. Unit. As part of the G.O.A.L.S. Unit, you will be expected to attend group therapy, individual therapy, and self-help meetings. In addition, you will be expected to participate and act in a higher level of conduct than the general population of the facility. The goal of the program is to reduce the risk of relapse and eliminate the return to criminal behavior. In addition to this, the goal of treatment is to return to being a productive functioning member in your family, workplace and community.

After the explanation and overview of the G.O.A.L.S. Unit, I give my permission and consent to the program recommended and agree to participate in such a program.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

G.O.A.L.S. Staff Signature: \_\_\_\_\_

#### Refusal:

I am aware that it has been recommended that I participate in the G.O.A.L.S program. I have been advised of the nature and content of the program and the benefits and risks of the program. I understand that my refusal to participate will be communicated to the referring court systems. At this time, I do not wish to participate in the program. I understand that if I change my mind, I may notify the unit team, and my admission will be subject to G.O.A.L.S. Unit approval, court approval and treatment bed availability.

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

G.O.A.L.S. Staff Signature: \_\_\_\_\_

*(Facility Letterhead)*

*Date*

Dear Honorable Judge *Name*:

*Inmate Name* will have successfully completed the *Jail Name* G.O.A.L.S. Program on *date*. While in the program, participants are required to engage in and complete all six (6) phases of the program, as well as actively participate in individual and group counseling. Participants explore the key components of their addiction and criminal lifestyle while acknowledging the negative impact their behaviors have had on their interpersonal relationships. Throughout the past six (6) months, they have learned appropriate coping skills and skills to create and maintain healthy relationships. They have created a relapse prevention plan, as well as a release and reintegration plan that will help them maintain their sobriety and be accountable for their actions.

*Inmate Name* is available for further disposition within the *sentencing county* Circuit Court after *completion date*.

If you have any questions, you may contact me at:

Sincerely,

*Signature*

*Name and Title*  
*Facility Address*

## G.O.A.L.S. Getting Over Addicted Lifestyles Successfully

NAME/OID#: \_\_\_\_\_ JUDGE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ CASE #: \_\_\_\_\_

Estimated Completion Date of G.O.A.L.S.: \_\_\_\_\_

Why should the Judge grant you a reduced sentence? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Plan:**

Sponsor Name: \_\_\_\_\_

Relationship to Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

*If Sponsor is a Treatment Facility, Sober Living Home, etc., please attach a copy of the acceptance letter.*

**Type of MAT/MOUD** (if none, leave blank)? \_\_\_\_\_

Medical Insurance: Yes/No

Birth Certificate: Yes/No

Social Security Card: Yes/No

Driver's License: Yes/No

**How will you support yourself over the first 30 days (meals, housing, transportation, hygiene)?**

## RESOURCES

<a href="http://www.strengtheningrace.com">www.strengtheningrace.com</a>	GRaCE Recovery Coaches
<a href="https://www.chess.health/erecovery">https://www.chess.health/erecovery</a>	Chess Health
<a href="https://jobsandhope.wv.gov">https://jobsandhope.wv.gov</a>	Jobs and Hope
<a href="https://firstchoiceservices.org">https://firstchoiceservices.org</a>	First Choice
<a href="https://www.aawv.org/">https://www.aawv.org/</a>	Alcoholics Anonymous
<a href="https://www.na.org/">https://www.na.org/</a>	Narcotics Anonymous
<a href="https://www.celebraterecovery.com/">https://www.celebraterecovery.com/</a>	Celebrate Recovery
<a href="https://www.vivitrol.com/">https://www.vivitrol.com/</a>	Vivitrol
<a href="https://www.help4wv.com/">https://www.help4wv.com/</a>	Help 4 WV
<a href="https://www.wvpeers.com/">https://www.wvpeers.com/</a>	WV Recovery Support Specialist (PRSS)
<a href="https://wv211.org">https://wv211.org</a>	(basic needs, healthcare, education, employment and support services)
<b>988</b>	Suicide and Crisis Lifeline

---

Participant Signature/Date

---

Staff Signature/Date

**OFFENDER NAME**

has successfully completed

The **G.O.A.L.S.** Program

*"Getting Over Addicted Lifestyles Successfully"*

through the State of West Virginia Department of Homeland Security  
Division of Corrections and Rehabilitation

at NAME OF FACILITY

on INSERT COMPLETION DATE

---

*Staff Signature/Date*

**GOALS Unit: Residential Facilities Monthly Reporting Form** (Due by 10<sup>th</sup> of each month)

Facility: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

<b>Amount of Services</b>	
1)	Number of GOALS beds empty on the unit: _____
2)	Number of GOALS residents on the unit: _____
3)	Number of offenders entering residential treatment during this reporting period: _____
4)	Average length of stay: _____ <i>(Average number of months it takes offender to complete program)</i>
5)	Number of GOALS offenders leaving the unit during this month for: <ul style="list-style-type: none"><li>• Released by court (probation/treatment/etc.) _____</li><li>• Discharged sentence _____</li><li>• Removed for Drug or Alcohol Use/Possession _____</li><li>• Removed for any other disciplinary behaviors _____</li><li>• Quit programming _____</li><li>• Denied release by judge/moved to another unit or facility _____</li></ul>
<b>TOTAL NUMBER OF GOALS OFFENDERS WHO LEFT THE UNIT:</b> _____ <i>(Total # should match the sum above/ attach name and reason for removals on additional page)</i>	
<b>Residential Treatment Success</b>	
6)	Total number of GOALS graduates currently on the unit: _____
7)	Total number of GOALS offenders who receive MOUD: _____ <i>(List name of offender on 2<sup>nd</sup> page attachment)</i>
<b>Recidivism and Drug Use</b>	
8)	Total number of GOALS offenders <b>NOT in the MOUD</b> program with positive urinalysis: _____
9)	Total number of GOALS offenders with negative urinalysis this month: _____
10)	Total number of GOALS offenders tested this month: _____

\_\_\_\_\_  
Unit Manager/Designee Signature

\_\_\_\_\_  
Date

**Residential Facilities Monthly Reporting Form - Continued**  
**(Complete for Removals & MOUD)**

Facility: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

<b>Name/OID#/Reason for Removal</b>
1.
2.
3.
4.
5.

\_\_\_\_\_  
Unit Manager/Designee Signature

\_\_\_\_\_  
Date